

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014371

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 757

FILED MAY 15 1962

VS 300
Rev. 4/59

6/28
20/28

3

4 0

5 1

6

7 0

8 2

9/62.1

10

11

12 70-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Poplar Bluff

Length of stay in 1b

33 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

2500 Thomas St.

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Poplar Bluff

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2500 Thomas St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

COLEMAN

Middle

D.

YOUNGER

Last

4. DATE OF DEATH

Month

Day

Year

May

3

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/19/1910

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months Days

5 14

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Timber worker

10b. KIND OF BUSINESS OR INDUSTRY

Timber

11. BIRTHPLACE (City and state or country)

Butler County, Mo

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Logan Younger

13b. MOTHER'S MAIDEN NAME

Nancy Carter

14. NAME OF HUSBAND OR WIFE

Genevive Younger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

HA Mrs. Coleman Younger, Poplar

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

7 WK

DUE TO (b)

Broncho genic Carcinoma

6 Months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Metastasis of B. Above.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8:15 P. M. 16v 61 to MAY 62 and last saw him alive on 2 MAY 62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Caldwell M.D.

22b. ADDRESS

Poplar Bluff, Missouri

22c. DATE SIGNED

7 MAY 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

Ash Hill

23d. LOCATION (City, town, or county)

Butler County, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

FRANK-COTRELL CHAPEL, POPLAR BLUFF, Mo.

25. DATE RECD. BY LOCAL REG.

5/11/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.